

Guidance for Employers and Healthcare Personnel Working in Ebola Areas

This guidance is intended for:

- a) Healthcare personnel (HCP) who plan to work in Ebola Virus Disease (EVD) outbreak areas,
- b) HCP returning from work in EVD outbreak areas, and
- c) Employers of HCP returning from EVD outbreak areas.

If your work puts you at risk of exposure to EVD, Acute Communicable Disease Control (ACDC) recommends the following:

- Wear protective clothing, including masks, gloves, gowns, and eye protection whenever you are working with risk of exposure to EVD.
- Practice proper infection control.
- Discuss options for Ebola vaccination with your sponsoring organization¹
- Reduce the consequences of a febrile illness developing by:^{2,3}
 - Using malaria chemoprophylaxis
 - Getting updated vaccinations (e.g. influenza) and travel vaccines for disease risks in the country you are visiting,⁴ (e.g. typhoid vaccination)
- Upon leaving the EVD outbreak area:
 - Monitor yourself for fever (temperature ≥99.5°F/37.5°C), and other symptoms of EVD, which include severe headache, muscle pain, weakness, fatigue, diarrhea, vomiting, stomach pain, and unexplained bleeding or bruising during the 21 days after leaving the EVD outbreak area.
 - Prior to returning to work, contact your employer's occupational health for a baseline symptomatic assessment, temperature, and documentation of any known risk factors for EVD during travel.
 - Seek medical care immediately if you have been in an area where there is active transmission of the Ebola virus and have developed symptoms of EVD and DO NOT report to work.
 - Before going to the doctor's office, emergency room, or other clinical setting, contact the doctor
 or other healthcare provider and inform them about the recent travel and symptoms. This will
 help healthcare providers prepare their facility and protect other people.

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Guidance subject to change without notice.

¹ The Democratic Republic of the Congo (DRC), WHO, and other partners are offering an investigational vaccine to priority populations such as frontline healthcare workers. A major clinical trial conducted in Guinea in 2015 showed the vaccine to be highly protective against Ebola. If you choose to be vaccinated against Ebola, get the vaccine before travel, if possible

² Tan KR, Cullen KA, Koumans EH, et al. Inadequate Diagnosis and Treatment of Malaria Among Travelers Returning from Africa During the Ebola Epidemic — United States, 2014–2015. MMWR 2016;65:27–29.

³ Boggild AK, Esposito DH, Kozarsky PE, et al. Differential diagnosis of illness in travelers arriving from Sierra Leone, Liberia, or Guinea: a cross-sectional study from the GeoSentinel Surveillance Network. Ann Intern Med. 2015;162(11):757-64.

⁴ https://wwwnc.cdc.gov/travel/destinations/list

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Employer's occupational health actions for HCP returning from EVD outbreak areas:

- Ensure HCP are self-monitoring for symptoms. HCP and occupational health should retain written documentation of daily symptom monitoring logs in case it is requested by ACDC or the California Department of Public Health. If asymptomatic and compliant, there are no recommended work restrictions.
- Exclude from work any HCP who do not provide documentation of daily symptom monitoring to occupational health.
- □ Notify ACDC at (213) 240-7941 if HCP have not provided occupational health with their symptom logs for 2 consecutive days.

Immediately notify ACDC Mon-Fri 8am-5pm at (213) 240-7941 or after hours at (213) 974-1234 and ask to speak with the on-call doctor (AOD) if HCP returning from an EVD outbreak area had the following exposures to Ebola virus or is symptomatic⁵ and had the following exposures to Ebola virus:

- Needle stick, or splashes to eyes, nose, or mouth
- Getting body fluids directly on skin
- Handling body fluids, such as in a laboratory, without wearing PPE or following recommended safety precautions
- Touching a dead body without correctly wearing PPE
- Living with and providing direct care (without wearing appropriate PPE) for a person with EVD while person was symptomatic.
- Close contact⁶ (wearing no PPE) with a person with EVD while the person was symptomatic, such as in a household, health care facility, or the community.

If symptomatic, HCP with the above exposures to Ebola virus need medical evaluation to make sure they don't have EVD. They will remain isolated until doctors and public health officials are certain that Ebola is not a concern. Coordination will be done by ACDC.

As outbreak situations in EVD outbreak areas and countries can rapidly evolve, consultation with ACDC is recommended if there is any concern regarding EVD risk and exposures in returning HCP. ACDC will be closely monitoring updates from the WHO, CDC, and CDPH including the need for Health Officers orders for movement restrictions and active public health monitoring of returning travelers.

Resources:

- Updated information regarding EVD transmission, countries affected, and EVD prevention can be found at: www.cdc.gov/vhf/ebola/outbreaks/index-2018.html and www.cdc.gov/vhf/ebola/index.html.
- For updated CDC travel notices and WHO EVD outbreak information, refer to: wwwnc.cdc.gov/travel/notices and www.who.int/csr/don/en/.
- For more information, see "Infection Control for Viral Hemorrhagic Fevers in the African Health Care Setting" at: www.cdc.gov/vhf/abroad/vhf-manual.html

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⁵ Symptoms of Ebola: Fever (≥99.5°F/37.5°C), severe headache, fatigue, muscle pain, vomiting, diarrhea, stomach pain, unexplained bruising or

⁶ Close contact means being within 3 feet of the person with Ebola for a long time >1 hour (consult with ACDC if needed; case-by-case upon assessment by ACDC) without wearing PPE.